

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

507

Instructions

FOR OFFICE USE ONLY

Postmark Date: 5-28-99

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ETHICS
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JAN 11 1999# 747
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ek used 6-23-99

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Sanchez William J
Last First MI2. BUSINESS PHONE (504) 821-25063. BUSINESS ADDRESS 329 South Dorgenois Street New Orleans, LA 70119
Street and No. City State Zip4. EMPLOYER New Orleans Fire Assn.5. EMPLOYER'S ADDRESS 329 South Dorgenois St. New Orleans, LA 70119
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana AFL-CIOAddress 429 Government Street Baton Rouge, LA 70805Business or purpose Labor☐ New Representation
Does this person pay you? NoIf No, who pays you? N/A☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM



2. Name Entergy

Address P.O. Box 61000 New Orleans, LA 70161

Business or purpose Utility Business

☐ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name Guild, Inc. (Jockey)

Address 250 West Main Street Lexington, KY 40507

Business or purpose Voluntary Assn.

☐ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 28 day of May, 19 99.

Notary Public

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1. NAME _____
Last First MI

2. BUSINESS PHONE _____

3. BUSINESS ADDRESS _____
Street and No. City State Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name La. Trial Lawyers Assn.

Address 442 Europe St. Baton Rouge, LA 70821

Business or purpose Voluntary Bar Association

☐ New Representation
 Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who,
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Signature of Lobbyist

Sworn to and subscribed before me on this _____ day of _____, 19____.

Notary Public

Rev. 2/97